## Appendix A

NUCLEAR WASTE Sandia MANAGEMENT National PROGRAM Laboratories

## **Qualification and Training Form**

Form Number: NP 2-1-1

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Sect	on I Employee Personal Information	Ī			
a. Name:					
	one: ( ) Fax:	( )	E-mail:		
<b>b.</b> Co	ntractor Additional Information:		<del></del>		
	ployer:	Employer's Address:			
	ployer's phone #: ( )	<del></del>			
	eck the applicable answer:  ployee of Sandia National Laboratories?   Yes	s 🗆 No			
Section II Job Description (to be completed by SNL Manager)					
a. Job Title Note: External Reviewer required training is NP 6-1. This must be completed prior to signing in section V.					
	<b>b.</b> Minimum Requirements of the Position (e.g., Ph.D. in Geology with experience in rock mechanics and use of mass spectrometer) Education:				
E	Experience:				
	Training:				
c. Pr	imary job tasks for this position (describe exactly	what the individual will be doing	g in this position)		
_					
Section III Job Specific Training Required for the Position (to be completed by SNL Manager)					
	For New employees, with the exception of Extern				
a. List any procedures/documents which the individual must read and understand for this position (e.g. Test Plans, Analysis Plans, NWMP SPs, etc.)					
h li	b. List any equipment or skills (such as a certain computer application) with which the employee must be proficient. The level of				
	proficiency can be specified, e.g., expert, average, etc.				
Section IV Employee Qualifications (to be completed by Employee)					
Summarize your education and experience which qualified you for the above position.					
	lucation (Academic degrees and schools)	neu you lor the above position.			
	reperience (past work related to this position)				
				_	
Section V Signatures					
a. Employee: I certify that the information in Section IV is factual, that I have completed QA Program Training, and all other assigned training.					
<b>~.</b>		dottal, mari mare sompletes	Togitam Training, and an early	addigited traiting.	
	(Printed Name)	Signatui		Date	
b. Non-Sandian Verifier: I have verified that the information in Section IV is factual. [Note: SNL employees leave Section V(b) blank]					
	(Printed Name)	 Signatui	re [	Date	
c. Manager: (sign for both SNL Employees and Contractors) I have evaluated the education, experience, and training of this					
employee and certify that he/she is qualified to perform the duties of this position. Note: Notify Document Control					
	(Printed Name)	Signatui	<u></u>	Date	